

Non-public School Participation Form

Must be completed by all participating public schools with private schools in their district.

Public School District Participant

Non-public School within the District

ESA Region

District Number

Federal Program	Non-public School Consulted		Non-public School Participating		Comments
	Yes	No	Yes	No	
Title II, Part B—South Dakota Mathematics and Science Partnerships Program					if Yes, List names of Participating Teachers

This is to certify that a consultation occurred between a representative of _____ (<i>Public School District Name</i>) and _____ (<i>Non-public School District Name</i>).			Date of Consultation
Typed Name of <i>Public</i> School Representative	Title	Telephone Number	
Signature of <i>Public</i> School Representative	Email	Date Signed	
Typed Name of <i>Non-public</i> School Representative	Title	Telephone Number	
Signature of <i>Non-public</i> School Representative	Email	Date Signed	